

GRADUATE STUDENTS and CAYUGA COUNTY PLAN

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At a time when relationships between campus and community were severely strained in the United States, a cooperative effort which sought and established new relevancies and linkages between the two turned out to be mutually rewarding to both. The project was a study of health services in Cayuga County, upstate New York. It was undertaken by second-year graduate students who were enrolled in the health services administration and planning program of Cornell University and by the Cayuga County Health Planning Committee, with the encouragement and

cooperation of Areawide and Local Planning for Health Action, Inc. (ALPHA), of Syracuse, a comprehensive health planning agency serving the region.

The project resulted from an ongoing search within the university's health services program to find new ways (a) to enrich the educational process of students through field projects that provide opportunities for integrating and applying their knowledge about the planning, organization, and delivery of health services; and (b) to offer services to various groups and organizations in the region in their efforts to resolve the problems of health care delivery.

This project—one of several at the university in recent years—not only demonstrated that a local group can successfully initiate and carry out health planning but that students, properly challenged and integrated into such efforts, can become extremely useful as a resource to the community while simultaneously contributing to their own learning and professional development.

We believe that information on the Cayuga County project will be useful for both action-oriented programs of universities and communities with problems in the delivery of health care.

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a health care system

It seems quite remarkable—at least to those involved in this project—that in a relatively short time Cayuga County can point to the following significant changes resulting from these endeavors:

- An interhospital cooperative project, to become operational in August 1972, will have the effect of placing all responsibility for acute care services in one of the two community hospitals; the other hospital will assume responsibility for long-term care and rehabilitation of patients.
- Hiring of new physicians by one hospital to cover the emergency room on a 24-hour basis.
- Establishment of a rural health center by the county health department, utilizing the National Health Service Corps Program of the Health Services and Mental Health Administration.
- Relocation and expansion of the comprehensive mental health center.

Although some of these developments were underway before the project report was published, the planning process definitely acted as a catalyst to expedite, consolidate, and implement them.

The planning committee also is working to implement the following recommendations:

1. Acceptance of physician's assistants in the rural area of the county.

2. Community support of, and broader representation on, the physician search committee of the medical society.

3. Establishment of an interhospital coordination committee for effective transition to the hospital's changing functions.

4. A countywide review program of utilization of beds.

5. A countywide service program of home care.

6. A survey of bed use in long-term care facilities.

7. Establishment of additional community health centers in rural areas of the county.

The Study

In late summer 1969, the chairman of the Cayuga health planning committee and the staff member of ALPHA serving Cayuga County met with a faculty member of Cornell's program in health services administration and planning to explore the possibilities of a cooperative endeavor. This effort would serve the information needs of the county's committee members and also provide the students with educational experience in the field.

The meeting was the result of a developing

relationship between the university's program faculty and the ALPHA members. Both parties felt the need for new and closer ties to support their mutual interest in comprehensive health planning. At the time the health planning committee had formed as a subcommittee of the county planning board—the official planning body of the county—and had only begun to make appointments.

Introducing action-oriented students at this tender stage of the new planning effort could have been disastrous had it not been for the careful briefing given the students and the faculty adviser by the officers of the local planning committee and the ALPHA staff member. Because the students desired to make a contribution that would go beyond information gathering, analyses, and report writing, they wanted assurance at the outset that they would be allowed to make specific action recommendations directly to the decision makers of the county. On the other hand, the local group welcomed assistance in documenting community problems and in identifying alternatives but did not want outsiders telling the county leaders how to run their affairs.

A working agreement was needed—one that would meet the expectations of both groups. Early in October an agreement was reached that placed responsibility for the study in the hands of the county group. The students' role was to be that of unpaid staff workers. They concurred that this approach was essential to gaining local recognition of the completed report.

After these discussions between the students, faculty adviser, and local committee members, subcommittees were formed for studying the following information—believed to be crucial to improving the delivery of health services in the region: (a) demographic, economic, and social information, (b) physicians' services, (c) hospital facilities and services, (d) use of hospital beds, (e) mental health, (f) ambulatory care services, and (g) long-term care. These areas were selected after published health studies about the county had been reviewed.

Local chairmen were appointed for the subcommittees, and one to three students were assigned to each group, which gave assurance that control of the project would remain in the hands of the health planning committee. Fortunately, the students' interests and the selected areas for study coincided very well. Each student was working on a subcommittee of his choice and, in most in-

stances, on a problem about which he had some previous knowledge and experience.

The students met with local committee members several times before specifics concerning the selection of information and study procedures could be determined. Then it took about 2 months to gather data and draft subsections of the report. Some students were able to obtain information in five or six visits to the county (a distance of 35 miles); others found it necessary to make more than 12 visits.

In January and February 1970 the last bits of information were obtained and sections of the report were redrafted, several times in some instances, to satisfy both the planning committee and the students. By mid-March a final draft was completed and distributed to all committee members and other selected persons in the community for final comments and suggestions. After their minor changes were incorporated, the report was printed in quantity and presented to the county health planning committee in April.

By this time the students had gained such a high degree of acceptance with committee members that they were given the opportunity not only to present their findings but were requested to discuss in depth the various alternatives and options they perceived as open to the committee and county.

Positions on some of the more controversial issues (for example, expansion of a county infirmary) were not discussed in the published report. The students and the local planning committee arrived at this strategy after much discussion. Everyone agreed that the committee, especially at this early stage in its development, needed to produce a sound report that first would clearly define and document the problem—in order to support future health planning activities in the county—rather than publish a controversial document and risk inopportune consequences.

The students and planning committee members repeatedly subscribed to the principle that the decisions affecting future direction of the health services had to be made by county people. It was interesting to observe in the presentation session that early suspicions about the students' intentions and lack of expertise had disappeared. Indeed, the members were anxious to hear how the students weighed various alternatives, and they actually sought the students' recommendations. This kind of earned recognition proved to be very satisfying, but also sobering, to the students.

The Report

The 112-page final report was accepted with gratitude by the planning committee, and a letter was sent to the dean of the school expressing appreciation for the students' contribution. There was a bit of disbelief that the document had been completed in so little time—and in a spirit of mutual trust and respect. The students were invited, and accepted the invitation, to present major findings from the study to the county planning board.

The director and staff of the board, in addition to supplying basic demographic information for the study, assumed responsibility for its duplication and distribution to the board of supervisors, city council, and other interested health and health-related agencies. Establishing this cooperative link once again demonstrated the desire on the part of the health planning committee to coordinate their project with other county and regional planning activities.

Implementation of Ideas

The students had completed their side of the bargain. It was now up to the Cayuga Health Planning Committee to see that specific recommendations were formulated, proposed to the right decision makers, publicly debated, modified if necessary, and finally acted upon: implementation—the toughest part of any study! But action has been taken, and more is contemplated.

The health planning committee, county planners, and ALPHA planners met several times to discuss the report, page by page. They agreed on several fairly specific recommendations concerning manpower, hospitals, ambulatory services, and mental health. These recommendations were passed on, through the county planning board, to board chairmen and directors of all the agencies identified in the recommendations as having some responsibility for their implementation. Planning committee members were to work directly with the agencies.

The several health-related agencies involved were expected to respond by early 1971 to all the recommendations, but particularly to those which they could implement. As the leaders of these agencies were directly engaged in the study from its inception and self-committed to the planning process, it was anticipated that most of the recommendations, if not all of them, would be adopted.

One recommendation, unusual for a study of this kind, required the health planning committee to “take this report and recommendations to the people of the county for discussion and feedback.” This requirement was carried out in a community dialog project that was launched at the annual meeting of the county planning board—an event that drew about 200 citizens and leaders.

Through mass media, questionnaires, and small-group meetings of the consumer-oriented listening type throughout the county, extending over several months, the following outcomes were sought: (a) feedback on current recommendations, which reflected mainly the perceptions of providers and professionals concerning improvements in the health care delivery system; (b) knowledge of consumers' perceptions of concerns in health care and treatment; and (c) identification of consumers interested in working with the committee for constructive reorganization of the health care delivery system in the county and region.

Discussion

As a result of this experience, the beliefs of those representing the university, the community, and regional health planning interests have been reinforced that campus-community cooperation can be mutually rewarding. To achieve results, however, it is essential that continuous attention be given to interpersonal and intergroup relationships. It is important that all parties take time at the outset of such a project to clarify their expectations. On this basis a climate of mutual trust evolves, preconceived attitudes are modified, and an operating structure for working together is developed.

Unforeseen problems will arise in the operation as they did in the project. These problems were overcome easily because working relationships had been established. Complete familiarity of the ALPHA planning staff with all aspects of the study kept communications channels open and used by the large number of people involved in the study. Without the efforts of such a staff to coordinate the day-to-day work, it is doubtful that this comprehensive study would have been completed in such a relatively short time.

In an evaluation session held by the students after completing the report, they were certain that they had learned, firsthand, the meaning of a relatively comprehensive approach to assessing health services. They believed that the experience had actually tested knowledge and theories gained

in the classroom about the way health care services should be planned and organized. At the same time they had a greater practical understanding of the methodologies of community health evaluation. And they had learned to appreciate the necessity of involving local citizens from the beginning of such a study process if recommendation for action was a goal.

The faculty adviser was aware that in using this approach he should function more as a consultant. He should advise and assist the students in organizing themselves rather than relying upon lectures about how to do field research. There is no doubt that the students were highly motivated to do a good job, and therefore they probably learned more effectively than from the traditional lectures, seminar discussions, and case studies.

The experience also demonstrated that students can learn from each other through a team effort. As a group they had set performance standards, and consequently they were the judges of their own successes and failures. This learning experience, informally structured, capitalized on the students' deep concern about social problems and, at the same time, added to their intellectual and professional development.

Cayuga County obviously benefited in a most tangible way. The county actually organized the project, gathered information, set priorities, and solved problems in the planning process within a year and a half, shortcutting the usual process by several years. Once again we recognize that circumstances approached the ideal because both Cayuga County and the students were receptive and eager to launch a health planning endeavor.

The study also demonstrated to the county the value of one of its resources—a trained and experienced staff person from the ALPHA planning agency. He was able to bring the parties together and was the key in establishing and maintaining communications as the planning proceeded toward action. The experience also has strengthened the feelings of the planning agency's staff that collaborative projects with the university and its students offer many productive possibilities.

Although relations, nationwide, between universities and surrounding communities have been under stress, both students and faculty want to be constructively involved in finding solutions to the complex social problems. Communities are literally besieged with citizen demands to "do something" about improving the quality of life, and it is now up to the universities to move beyond the

rhetoric of public service and provide leadership in earnest search and support of new cooperative community-campus projects. With encouragement, there are many communities that would request the kind of assistance which provides students with an opportunity to combine their interests in community service with the pursuit of educational objectives.

Institutions of higher education typically have rigid separation between the teaching process on the campus and real life experiences. Generally they are not structured to respond to such experiences beyond having a few uncoordinated projects underway at any one time. Faculty reward criteria (promotions, tenure) usually do not recognize community service programs no matter how innovative and useful they may be in meeting educational objectives.

Off-campus field stations, sponsored by universities, have existed for a long time to conduct research on the physical and biological concerns of society and universities. There do not seem to be insurmountable reasons why this concept could not be adapted to studying the social and economic problems plaguing urban, suburban, and rural communities. New interdisciplinary approaches to research and community service are possible, as are consortiums among educational programs for this purpose. It is almost trite these days to reiterate that comprehensive means to meeting human needs, difficult as they may be, are desperately needed, and new organizational mechanisms must be found at the local level.

As for health services, an important ingredient in any community development effort, we may point to the many health planning endeavors now underway at the institutional, regional, State, and national levels. Students are being trained for the field in a number of programs in health services administration and planning across the country. Health planning councils and various provider institutions and community groups are seeking help in carrying out their tasks. It seems rather obvious that for society as a whole and for self-interest, both university programs and community agencies would benefit from closer ties.

The time for stocktaking in both settings is now, to see if new approaches can be found for fruitful cooperation. Many innovative forms of joint activity are still undiscovered, still untried. Health service organizations and the universities should begin the search. Once the commitment is made, the answers will surely come.